

Dumgoyach Care Home Service

Glasgow

Type of inspection:
Unannounced

Completed on:
13 May 2025

Service provided by:
Common Thread Ltd

Service provider number:
SP2005007437

Service no:
CS2013317441

About the service

Dumgoyach is a care home service for children and young people and is registered to care for up to three young people. The accommodation comprises of a large, detached house in a rural area in Blane field. The house is surrounded by a large garden and open countryside.

At the time of the inspection there were two young people living within the service.

The service is part of the Common Thread Group, an independent provider of residential childcare.

About the inspection

This was an unannounced inspection which took place on 5 May 2025 (1245 to 1845 hours) and 6 May 2025 (1000 to 1645 hours). The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with one person using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with two external professionals.

We also reviewed completed survey responses from two young people, six staff and one external professional.

Key messages

The practice around the management of significant incidents was poor.

Young people did not benefit from consistent and stable relationships with staff.

The care and support offered to young people was not underpinned by strong personal planning or risk management practice.

Staff did not experience adequate management support to enable their practice, learning and development.

The quality assurance processes and systems within the service were not robust and did not lead to a noticeable improvement in practice.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We had concerns about the safety of the young people and the risk of future poor outcomes. Staff had received mandatory training in child protection however current staffing arrangements and the lack of formal support to staff highlighted vulnerabilities in the staff team's confidence and abilities in this area (staff support and development forms a requirement under quality indicator 7.2). We were aware that the provider has recently revised their child protection procedures and training is planned to better equip managers and staff in this area.

Practice around the management of significant incidents was poor. Staff debriefs and reparative work with young people were not undertaken. We found no evidence of learning from incidents nor evidence of the subsequent actions that were reported to have been taken following significant incidents. This increases the risk of poor outcomes for young people based on inconsistent and unsafe practice. Not all incidents were notified to the Care Inspectorate in line with statutory duties (see requirement 1).

Young people did not benefit from consistent and stable relationships with staff. A high turnover of staff and a high number of ongoing vacancies had resulted in very ad hoc arrangements and the use of staff who the young people did not know well. This resulted in a lack of predictable and stable care from staff who do not fully understand the needs of the young people. We were told by one young person that they did not know who would be looking after them on any given day and staff had 'disappeared' without explanation. It was identified at the last inspection that a new staff team were yet to become embedded and gain experience. However, the majority of staff posts are now vacant. The challenges in staff retention have impacted on the care provided.

Young people did not experience stable, therapeutic and nurturing care. The need for greater trauma informed practice and training, to support this, was identified as an area for improvement at the last inspection. Progress to this has been prevented by subsequent further changes to the staff team. It was recognised that staff and managers were committed to the young people but staffing levels and the mix of skills and experience of the existing staff and manager had contributed to young people not benefiting from trusting and respectful relationships.

The home environment was identified to need improvement at the last inspection. We could see that efforts have been made to upgrade and refresh the house and garden area. The house does remain clinical and lacks personalisation. The current layout of the house was not conducive to family life and the absence of a communal eating or central area made it difficult for staff and young people to naturally come together to spend time or eat together. This also made it more likely for the 'office' to be where staff and young people congregate. We discussed with the service the need for continued improvement to make the house more homely, child-centred, functional and personal to the young people.

The care and support offered to young people was not underpinned by strong personal planning. Young people's care plans were very poor in quality, lacked detail and focused on generalised goals instead of specific, measurable, achievable, realistic and time limited (SMART) actions. We saw no evidence of young people being involved in the planning to shape their care and support. The care plans also did not provide sufficient guidance for new members of staff to understand young people's day to day routines and preferences (see requirement 2).

The shortfalls in young people's plans were compounded further by poor risk assessment practice. Young people's risk assessments were out-of-date and did not contain relevant information or details about the needs of each young person. The strategies to guide and manage risks were not documented adequately. This increases the risk of poor outcomes for young people based on inconsistent and unsafe practice (see also requirement 2).

There was evidence of progress in some of the young people's health outcomes and staff supported attendance at universal and specialist health services. We were concerned about substance misuse within the service. The methods in place to manage this have been ineffective. This has coincided with staff leaving and the loss of relationships for the young people. There is the risk that an overly permissive approach to this has developed.

Young people were supported well by the service to maintain contact with family and friends. There were opportunities for community-based activities, new experiences, interests and opportunities.

Young people attended school at the provider's educational facility in Kilmarnock. We found there to be variable educational outcomes with some progress noted. The distance between school and the service made it more difficult for young people to become integrated and make connections in their local community.

Young people did not consistently experience a balanced, healthy or varied diet. We found that there was not a routine of regular mealtimes. We discussed with the service the need for greater planning around meals and a more functional space to facilitate mealtimes.

The leaders within the service were committed to the needs of the young people and managers were described as supportive and approachable. However, managerial experience within the service was limited. We found a lack of insight into the issues identified. The service's improvement and workforce development plans were not aligned to SMART principles and were based on false information. This did not instil confidence in the service's capacity for improvement.

External management had a role in auditing and quality assurance however this has not been effective in monitoring the quality of young people's experiences, safeguarding and improving outcomes.

The culture and boundaries within the service gave us cause for concern. Young people were, for example, very aware of management and staffing issues. We learned of examples when inappropriate information was shared with young people. We were aware of one incident when a young person overheard secure information and this contributed to them being at significant risk of harm.

Staffing levels and the breadth of staff skills and experience were insufficient in meeting the needs of the young people. The lack of consistency and continuity severely hampered young people's ability to build trusting and secure relationships. This impeded the provision of care that was therapeutic and underpinned by trauma-informed practice.

Gaps and shortages in staffing levels was compounded by the lack of formal support to staff. Without a full and cohesive staff team, meaningful team meetings and staff development sessions have not taken place. Professional supervision has not been undertaken to support staff in their practice, learning and development. This is all the more relevant for staff who are inexperienced and new to the sector (see requirement 3).

The quality assurance processes and systems within the service were not robust and did not lead to a noticeable improvement in practice. Quality assurance systems did not address learning needs or practice development and further demonstrated a limited capacity for improvement and learning (see requirement 4).

Requirements

1. By 2 July 2025 the provider must ensure that there is effective management, analysis and oversight of incidents and that these are recorded accurately.

To do this, the provider must, as a minimum:

- a) ensure that all incidents are recorded with appropriate detail;
- b) ensure young people are given the opportunity for reparative work;
- c) ensure staff and managers participate in a debriefing following any incidents and that these allow for learning, reflection and consideration of what could have been done differently; and
- d) ensure that auditing by managers and senior managers includes analysis of adverse incidents and suggested learning to develop consistent and safe practice.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 2 July 2025, the provider must ensure that all young people have comprehensive and up-to-date personal plans and risk assessments.

To do this, the provider must, as a minimum:

- a) undertake an audit and review all young people's personal plans. These should include the contributions of young people and their parents/carers and the multi-agency team around the child. This should outline clearly a young person's support needs, the desired outcomes for the young person and the role of the service in meeting these;
- b) ensure risks to young people using the service are recorded accurately within relevant risk assessment documents and this include strategies to support the young people; and
- c) ensure all members of staff caring for a young person are familiar with their plans, understand their assessed needs and how best to support the young person.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1:15).

3. By 16 September 2025 the provider must ensure that there are effective processes in place for service and staff learning, development and support.

To do this the provider must as a minimum:

- a) ensure that all staff and managers benefit from regular, professional one-to-one support. This should be used to identify training needs and areas for personal development; and
- b) ensure that staff have protected time for training and learning This should include time to reflect on any adverse incidents or challenges and any relevant changes and developments in policy and legislation.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

4. By 16 September 2025 the provider must ensure that young people are supported in a service that ensures their safety and wellbeing through robust quality assurance and engagement processes.

To do this the provider must as a minimum:

- a) ensure effective quality assurance systems are implemented to provide scrutiny, analysis and assurance that care is safe, well planned, documented and regularly reviewed.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support children's wellbeing, learning and development, the provider should ensure staff consistently apply their training to practice.

This should include, but is not limited to, ongoing training in Trauma Informed Practice, ensuring that behaviours are understood and responded to, from a trauma informed perspective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

This area for improvement was made on 10 July 2024.

Action taken since then

Some training on trauma informed practice was provided following the last inspection, however any benefit of this has been offset by staff leaving the service. This area for improvement has not been met and will be incorporated into a new requirement.

Previous area for improvement 2

To support young people's wellbeing and promote dignity and respect the provider should review their restrictive practice procedures.

This should include but is not limited to the practice of locking doors within the house.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that.

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3); and
'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

This area for improvement was made on 10 July 2024.

Action taken since then

This was addressed at the time of the last inspection and these measures are no longer in place. Therefore, this area for improvement has been met.

Previous area for improvement 3

To support young people to experience a high-quality environment which is nurturing and well maintained. The provider should ensure that the décor within the house is of a consistently high standard.

This should include but not be limited to improvement of the decoration and furnishing of the premises to ensure it is welcoming, nurturing and reflects the needs of young people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24)

This area for improvement was made on 10 July 2024.

Action taken since then

Improvements have been made to the home environment, for example new carpets, fresh paintwork, the patio area refurbished and the purchasing of a BBQ. There remains the need for continued improvement to make the house more homely, functional and personal to the young people. This has been discussed with the service. Therefore, this area for improvement has been partially met and will remain in place to support further improvement.

Previous area for improvement 4

The service should ensure that all care plans and risk assessments are accurate, analytical, and SMART.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 10 July 2024.

Action taken since then

We found significant issues with young people's careplans and risk assessments. This area for improvement has not been met and will be incorporated into a new requirement.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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